

CITY OF SUNNYVALE
2017 HEALTH PREMIUM RATES
---MONTHLY---

Effective

January 1, 2017

Updated: 8/25/2016

MEDICAL RATES – CalPERS Bay Area Region

	<i>Rates Effective</i>	<i>01/01/17</i>	<i>through</i>	<i>12/31/17</i>
Medical Plan	EO	EE +1	EE +2+	(Family)
Anthem Select HMO	\$783.46	\$1,566.92	\$2,037.00	
Anthem Traditional HMO	\$990.05	\$1,980.10	\$2,574.13	
Blue Shield Access+ HMO	\$1,024.85	\$2,049.70	\$2,664.61	
Kaiser CA HMO	\$733.39	\$1,466.78	\$1,906.81	
United Health Care HMO	\$1,062.26	\$2,124.52	\$2,761.88	
Health Net SmartCare HMO	\$733.29	\$1,466.58	\$1,906.55	
PERS Choice PPO	\$830.30	\$1,660.60	\$2,158.78	
PERS Select PPO	\$736.27	\$1,472.54	\$1,914.30	
PERS Care PPO	\$932.39	\$1,864.78	\$2,424.21	
PORAC PPO	\$699.00	\$1,467.00	\$1,876.00	

DENTAL PLANS

	<i>Rates Effective</i>	<i>01/01/17</i>	<i>through</i>	<i>12/31/17</i>
PPO DENTAL RATES	EO	EE +1	EE +2+	(Family)
Delta Preferred PPO	\$43.90	\$82.80	\$137.40	

PPO DENTAL BUY-UP OPTION - Employee Paid

Employee Pays the Difference between Core Coverage and Buy-Up Option Coverage

	EO	EE +1	EE +2+	(Family)
Delta Preferred PPO	\$62.10	\$115.50	\$183.40	
Difference	\$18.20	\$32.70	\$46.00	

	<i>Rates Effective</i>	<i>01/01/16</i>	<i>through</i>	<i>12/31/17</i>
DMO DENTAL RATES	EO	EE +1	EE +2+	(Family)
Delta Care DMO	\$21.34	\$38.40	\$56.81	

PSOA/COA DENTAL RATES

\$140.55

per month per employee

This amount represents the maximum City paid pursuant to the current* PSOA/COA MOU

*PSOA-2015-2020 COA-2015-2017

VISION RATES

	<i>Rates Effective</i>	<i>01/01/15</i>	<i>through</i>	<i>12/31/18</i>
	EO	EE +1	EE +2+	
Vision Service Plan (VSP)	\$7.60	\$11.80	\$17.60	
			SEA/SEIU	
			\$5.80	

difference between EE +1 and Family

VISION BUY-UP OPTION - Employee Paid

Employee Pays the Difference between Core Coverage and Buy-Up Option Coverage

	EO	EE +1	EE +2+	(Family)
Vision Service Plan (VSP)	\$9.60	\$15.00	\$22.40	
Difference	\$2.00	\$3.20	\$4.80	

Life/AD&D INSURANCE

Rates Effective 07/01/14 *through* 06/30/17
 Per \$1,000 of coverage (base salary rounded up to nearest \$1,000)

	Life	AD&D
ING/ReliaStar Basic Coverage	\$0.111	\$0.019
ING/ReliaStar Supplemental Coverage	\$0.200	\$0.02

Employees Assistance Plan (EAP)

\$5.44 per month per employee.

Rate Effective 07/01/12 *through* 06/30/18

Long-Term Disability Insurance (LTD)

\$0.567 per \$100 of coverage up to \$16,418 per month (maximum benefit 67% or \$11,000 per month*)

* All employees except City Attorney/City Manager

Rates Effective 07/01/14 *through* 06/30/17

Note: For PSOA-represented employees, LTD coverage is provided through the Association